101000270												
Γ								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001							RD	10066285				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTIT				
TOTAL CLAIMS			35					RATE FEE		1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 370.00		OR	BASIC FEE	740.00
TO	OTAL CHARGE	35 minus 20=		. 15			X\$ 9=		OR	X\$18=	2700	
INDEPENDENT CLAIMS			3 minus 3 =		•			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM			RESENT				7		 	1		-
* If the difference in column 1 is less than zero, enter "0" in column 2						'	+140=	 	OR	+280=		
ľ								TOTAL		OB	TOTAL	10/000
	CLAIMS AS AMENDED - PART II 8-1-03 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
夏	Total	.137	Minus	-0	25	·d		X\$ 9=	180	OR	X\$18=	
B	Independent	.13	Minus	(5	2	lt	X42=	1''	OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1		.000	
BEST AVAILABLE CO								V-140=.	<u> </u>	OR	+280=	
	1-26-04	^	DOIT. FEI	- 8	OR	ADOIT, FEE						
	1200	CLAIMS		(Colum HIGH	EST	(Column 3)	lr		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
Ş	Total	·62X	Minus	-0	5//_	-		X\$ 9=	99	OR	X\$18=	
A	Independent FIRST PRESE	NTATION OF MI	Minus	ENDENT	CLAIM	•		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
							- -	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
9.23.04(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
B	Total	• 36	Minus	49		•		X\$ 9=		OR	X\$18=	
	Independent	• 、3	Minus	***		•2		X42=	0	OR	X84=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		ŀ	-				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
•	If the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THI	S SPACE H	less than	20, enter "20."	· A	TOTAL DOIT. FEE		OR	TOTAL ODIT, FEE	
		nber Previously Pai					r four	nd in the ap	opropriate bo	t in col	umn 1.	

FORM PTO-875 (Rev. 6/01)

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Peters and Trademark Office, U.S. DEPARTMENT OF COMMERCE

